

State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243-1141
615-741-2550 or 888-453-6150
www.tn.gov/commerce/boards/tnsba

REQUEST FOR NAME CHANGE

Current Name on Certificate	Certificate Number
Address	-
Address	_
City, State, Zip	
	tion (either a certified copy or a photocopy which nd exact copy of an original document*), my name
Please make that change in my Tennesse	ee Accountancy Licensing Records.
 I am requesting a ne certificate and payment of a \$25.0 I am not requesting a 	•
Signature of Licensee	Date
*Neither certified or original copies of c *Please note that the copy of document	documents will be returned. nt indicating the name change must be notarized

10/2010 RDA

as being a true and exact copy of the original name change document.

(1) A licensee may only have one certificate